Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING FCL096045 09/16/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **103 SE RAILROAD STREET CAROLINA LIVING ASSISTED CARE** PIKEVILLE, NC 27863 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report by Rick Benton & Robin Fay DHSR Construction Section conducted a Biennial Survey on September 16, 2015 from 9:30 am until 11:15 am at the above referenced facility. DHSR records indicate the home was first licensed on November 2, 2007 as a Family Care Home for five (5) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). On January 21, 2014, there was a Change of Ownership and a Change in Capacity from 5 to 6 ambulatory residents. Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 2006 Edition of the North Carolina State Building Code - Section 421.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows: C 105 Initial Licensure-Meet NCSBC C 105 SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments,

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
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C 105	Continued From pa	ge 1	C 105			
	Insurance Engineer Chapanoke Road, S Carolina 27603 at a dollars (\$380.00). (b) Each home sh	from the Department of ring Division located at 322 Suite 200, Raleigh, North a cost of three hundred eighty all be planned, constructed, tained to provide the services e.				
	This Rule is not met as evidenced by: 1) During the survey, it was observed that the home was serving at least one non-ambulatory resident. The home is currently classified under Section 421.2 of the 2006 NC Building Code which means it can serve only all ambulatory residents. Since the home is serving non-ambulatory resident(s), the home will have to be reclassified by your Local Building Official to meet the requirements of Section 425.3 of the 2012 NC Building Code. the local building official will have to verify that the home meets all of the following requirements as listed below from section 425.3 and its subsections Section as follows; 425.3.1, 425.3.3, 425.3.5, 425.3.7, 425.3.8 and 425.3.11. Please see the attached copy of code for your references. You will need to contract a qualified technician to make certain modifications and installations under these sections guidelines. Upon completion, provide documentation of the approvals from the local official having jurisdiction and any supporting documentation from the technicians to our office for verification of the completed work.					
C 174	Building Equipment	t Maintained Safe, Operating	C 174			
		B17 BUILDING SERVICE				

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C 174	mechanical, and pl care home shall be operating condition (j) This Rule shall family care homes. This Rule is not make the necessar Provide to this office technician for verification when opened. Cormake the necessar Provide supporting pictures or receipts the completed work the local building in opening did not meminimum of 30 incl measured only 27 itechnician to make the door opening. documentation sucoffice for verification BATHROOM 2 1) During the survey the door opening. documentation sucoffice for verification bathroom 2 1) During the survey the survey of the s	and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing et as evidenced by: ey, it was observed that any on the ceiling next to the ct a qualified technician to a picture or receipt from the cation of the completed work. ey, it was observed that the did not stay in the up position attact a qualified technician to a qualified technician to a qualified technician to a documentation such as a to our office for verification of a courset the minimum required the mecessary adjustments to the necessary adjustments to the necessary adjustments to the necessary adjustments to the completed work.	C 174			
	1) During the survey, it was observed that the bathroom window was painted shut. Contact a qualified technician to make the necessary					

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	FEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		(X3) DATE SURVEY COMPLETED	
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	verification of the constraint	ey, it was observed and peeling paint iling when entering a qualified technic irs to the wall. Preceipt from the technic expended work. ey, it was observed in the bedroom of the necessary action	along the lefting the ician to make rovide to this echnician for ed that the did not stay in act a qualified djustments to				

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		h as pictures or receipts to our n of the completed work.						
	bedroom window fra qualified technician repairs to the windo office a receipt from of the completed words. 2) During the surve not verify if the bedroom window fra the complete words.	ey, it was observed that the ame was damaged. Contact a to make the necessary ow frame. Provide to this in the technician for verification ork. y, DHSR-Construction could room window would stay in the damaged frame. Verify the						
	condition of the win stay up, contact a q the necessary repa	dow. If the window will not jualified technician to make irs to the window. Provide to from the technician for						
	was a ceiling stain a side corner of the c bedroom. Contact the necessary repa	ey, it was observed that there and peeling paint on the right eiling when entering the a qualified technician to make irs to the ceiling. Provide to or receipt from the technician e completed work.						
	was peeling paint o bedroom ceiling far technician to make ceiling. Provide to	ey, it was observed that there n the ceiling under the n. Contact a qualified the necessary repairs to the this office a picture or receipt for verification of the						
	was a broken windo	ey, it was observed that there ow pane on the right side ele windows. Contact a						

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	proper size filter in documentation suc	the vent. Provide supporting h as pictures or receipts to oun of the completed work.	ır				
	home has non-amb accordance with the 13G .0312 (c), if the must have physical the home must hav at grade level or ac neither entrance/ex	D EXISTING ey, it was observed that the pulatory residents. In e licensure rule 10A NCAC e home has any resident that assistance with evacuation we two outside entrances/exits cessible by a ramp. Since kit is at grade level and there is alled, the provider must conta	s				

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C 174	a qualified technicia installation of a sec entrance/exit of the documentation such office for verification. 2) During the survey end of the ramp what the landing, there that protrudes upware Contact a qualified necessary adjustments or receipts the completed work. 3) During the survey ramp handrails were qualified technician adjustments to the supporting docume receipts to our office completed work. BACK PORCH 1) During the survey back porch and the installed. Contact at the necessary correct the back steps. Prodocumentation such office for verification. FRONT PORCH 1) During the survey left side of the front wooden wraps and deteriorated. Contact at the necessary and deteriorated. Contact make the necessary and deteriorated. Contact and the installed. Contact and the installed. Contact at the necessary adjustments to the survey back porch and the installed. Contact at the necessary correct the back steps. Prodocumentation such office for verification.	an to make the necession and ramp at the other home. Provide suph as pictures or recent of the completed way, it was observed the ere the ramp deck the ere to the ramp deck documentation such to our office for verification. Proposed the estightly loose. Conto make the necess ramp handrails. Proposed the for verification of the ere, it was observed the back steps had no go a qualified technician ections to the back p	er porting ipts to our vork. hat at the erminates amp deck zard. The interest of the interest or the guardrails to make orch and ipts to our vork. hat on the ost cian to	C 174			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
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documentation such as pictures or receipts to office for verification of the completed work. 2) During the survey, it was observed that on left side of the front porch just below the supp post there is a section of rotted deck fascia board. Contact a qualified technician to make necessary repairs to the deck fascia board. Provide supporting documentation such as pictures or receipts to our office for verification the completed work. 3) During the survey, it was observed that the front porch had several unsecured sections of plank decking. Contact a qualified technician make the necessary repairs to the unsecured sections of plank decking. Provide supporting documentation such as pictures or receipts to office for verification of the completed work. 4) During the survey, it was observed that on left side of the front porch just above the supp post, a section of the soffit was deteriorated. Contact a qualified technician to make the necessary repairs to the section of deteriorate soffit. Provide supporting documentation such pictures or receipts to our office for verification the completed work. EXTERIOR 1) During the survey, it was observed that a section of aluminum siding above the back powas peeled back and missing a section. Contact a qualified technician to make the necessary repairs. Provide supporting documentation suas pictures or receipts to our office for verification of the completed work. 2) During the survey, it was observed that a section of aluminum siding on the rear gable was section of aluminum siding on the rear gable was section of aluminum siding on the rear gable was section of aluminum siding on the rear gable was section of aluminum siding on the rear gable was section of aluminum siding on the rear gable was section of aluminum siding on the rear gable was section of aluminum siding on the rear gable was section of aluminum siding on the rear gable was section of aluminum siding on the rear gable was section of aluminum siding on the rear gable was section of aluminum siding on the	the ort the ort to gour the ort ad as a of				

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C 174 Continued From page 8 missing. Contact a qualified technician to make the necessary repairs. Provide supporting documentation such as pictures or receipts to our office for verification of the completed work. 3) During the survey, it was observed that several sections of aluminum fascia along the back right side, the rear side and along the area above the back porth of the home have rust streaks. Contact a qualified technician to make the necessary repairs. Provide supporting documentation such as pictures or receipts to our office for verification of the completed work. 4) During the survey, it was observed that several foundation vents along the right side of the home were not installed. Contact a qualified technician to make the necessary repairs. Provide supporting documentation such as pictures or receipts to our office for verification of the completed work. 5) During the survey, it was observed that the chimney flashing may be compromised as evidence of an interior ceiling stain in bedroom 3. Verify the condition of the flashing. If it has deteriorated, contact a qualified technician to make the necessary repairs. Provide supporting documentation such as pictures or receipts to our office for verification of the completed work. REAR OFFICE AREA 1) During the survey, it was observed that the walls in this room did not meet the requirements for one hour protection. Since this portion of the home is not used for anything other than storage, a two hour separation must be installed between this area and the main home. The two hour separation must be verified and approved by the		

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
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	minimum 7'-6" heig	ht.				